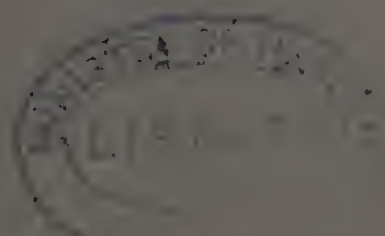


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**CHESTER-LE-STREET
RURAL DISTRICT COUNCIL.**

**HEALTH DEPARTMENT,
6, RED ROSE TERRACE,
CHESTER-LE-STREET.**



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1952.

ALBERT FORSTER, M.B., B.S., D.P.H.
Medical Officer of Health.

CHESTER-LE-STREET
RURAL DISTRICT COUNCIL.

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UNION OFFICES,

CHESTER-LE-STREET.

10th May, 1954.

To the Chairman and Members of the Chester-le-Street Rural District Council.

Ladies and Gentlemen,

As a result of the unfortunate decease of the Council's Medical Officer, Dr. Albert Forster, it has not been possible to have the report prefaced by any of his personal observations.

The remainder of the report is in fact, statistical and factual.

R. C. BELL,

Clerk to the Council.

WHAT THE N.H.S. COSTS

The following are some of the chief figures in the Revised (July 1951) Civil Estimates for England, Scotland and Wales combined.

All figures to nearest **million** pounds.

Gross Total	...	...	...	...	£470
					£
Hospitals and Specialists	...	...	...	...	285
Family Doctors	...	...	...	...	48
Medicines	...	...	...	...	44
Teeth	...	...	...	...	36
Local Health Authorities	...	...	...	...	19*
Spectacles	...	...	...	...	15

* Local Health Authorities therefore take about 4% of the total cost of the N.H.S., and provide services which include Ambulance, Home Help, District Nurse, Midwife, etc.

ANNUAL HEALTH REPORT

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY

MEDICAL OFFICER OF HEALTH—

ALBERT FORSTER, M.B., B.S., D.P.H. (Deceased 19th July, 1953).

SANITARY INSPECTORS—

CHARLES W. ROBSON, C.R.S.I., and Certificate in Meat Inspection of the R.S.I. (Southern Area).

TOM SAYER, M.R.S.I. (Northern Area), C.R.S.T. and Certificate in Meat Inspection of the R.S.I.

ADDITIONAL SANITARY INSPECTOR—

GEOFFREY NUTTER, C.R.S.I., and Certificate in Meat Inspection of the R.S.I.

A 50% grant is payable in respect of the salaries of the Medical Officer of Health and the Sanitary Inspectors.

SECTION A.—STATISTICS AND SOCIAL CONDITIONS OF THE AREA

	1952	1951	1931
AREA (acres)	23,261	23,261	26,925
POPULATION	40,710*	40,670*	52,991
PERSONS PER ACRE ...	1.75	1.74	1.97
INHABITED HOUSES ...	11,562	11,409	12,026
RATEABLE VALUE ...	£171,546	£170,808	£173,350
PENNY RATE PRODUCT	£634	£603	£635

*Registrar General's mid-year estimate including members of the armed forces stationed in area.

COMPARATIVE STATISTICS

It is now possible to give certain statistics, which are corrected for different age/sex distributions and may be compared with other areas. For method see 1949 Report, p. 51.

				<i>Standardised Death Rate per 1,000 civilian population.</i>
				1952
All England and Wales	...	...	...	11.3
Chester-le-Street R.D.C.	...	...	...	12.2
Chster-le-Street U.D.C.	...	...	...	13.6
Houghton U.D.C.	...	...	...	12.6
Stanley U.D.C.	...	...	...	13.1
Washington U.D.C.	...	...	...	13.9
Whickham U.D.C.	...	...	...	12.9
Durham R.D.C.	...	...	...	13.0
Lanchester R.D.C.	...	...	...	11.9

Social Conditions

The whole of the district rest upon Coal Measures which are overlaid generally by Boulder Clay with patches of gravel and sand.

The district is bounded on the north by the Borough of Gateshead and the Whickham Urban District: on the west by the Whickham and Stanley Urban Districts: on the south by the Durham Rural District and the River Wear: and on the east by the Houghton and Washington Urban Districts. The surface throughout the district may be described as hilly rather than undulating, the altitude varying from a few feet to 700 feet above Ordnance Datum. It is drained by the Rivers Wear and Team. The River Wear, entering the district about the middle of the southern side, runs first in a northerly, and afterwards in an easterly direction. Subsequently it forms part of the eastern boundary, separating the Rural District from the Houghton Urban District. This latter portion of the Wear is tidal. The River Team, draining the northern and north-western portion of the district, empties into the River Tyne.

Whilst many of the population are engaged on farming, the chief industry is that of mining with associated works such as coke burning and the manufacture of bricks, etc. Industrial development, which is most marked in the now industrial parish of Birtley, adds a surprising variety of industries such as chemicals, electric cables, iron, munitions, etc.

Approximately 180 acres of the Team Valley Trading Estate is within the area, but remains largely undeveloped.

Here and in other parts of the area there are a variety of sites catering for every type of industry. New industries have been, and are being, attracted and encouraged by the Council and their establishment will not only help to mitigate the social evils consequent on a return of unemployment, but will also in some cases remove eye-sores in the shape of pit heaps, etc.

Housing remains, however, the chief social problem, being dealt with in detail elsewhere in this report. Whilst every endeavour may be made in the face of present restrictions to accelerate progress in building, many years must elapse before solution is reached.

Vital Statistics

Although small, there is a definite decline in the Birth Rate towards the lower levels (see Table 1), there being 655 legitimate and 17 illegitimate births. Still births remain the same (16 against 16) and the rate approximates very closely that in England and Wales.

Deaths under one year still cause concern; however, there is a satisfactory reduction as far as the Rural District is concerned (22 against 32); unfortunately, the rate is still higher than that for England and Wales, but shows a marked improvement (18% against 50%). This year nearly 75% of the deaths occurred in the first week, and the biggest factor again appears to be prematurity and allied causes. There were no maternal deaths.

438 deaths were registered, including 179 residents who died elsewhere but excluding 12 not normally resident. Nearly 80% deaths were due to heart disease, stroke, cancer and respiratory disease. Up to age 45, there has been a progressive reduction in mortality, 57% deaths being over 65.

SECTION B.—GENERAL PROVISION OF HEALTH

SERVICES IN THE AREA

1. Public Health Officers of the Authority

For a detailed list of the staff of the Public Health Department see page 163.

2. Laboratory Facilities

Bacteriological examinations are carried out free of charge by the Public Health Laboratory Service at Newcastle. Supplies of sera, lymph, etc., are available free of charge to medical practitioners under this service.

During the year the following bacteriological examinations (in addition to those included elsewhere in this report) were carried out with the results shown:—

			<i>Positive</i>	<i>Negative</i>	<i>Total</i>
Diphtheria	...	...	1	69	70
Tuberculosis	...	...	98	363	461
Typhoid, Dysentery and Food Poisoning	...	...	22	73	95
Smallpox	...	...	—	1	1

Most of the positive typhoid, etc., specimens were due to periodic examinations of carriers.

3. Residential Hostel Accommodation

The County Council provide hostel accommodation for aged, infirm and handicapped persons, but the accommodation at present is limited. Application for assistance should be made to the County Medical Officer, Health Department, Shire Hall, Durham. Tel. No. Durham 980, Extension 133.

4. Home Nursing

A Home Nursing Service is provided by the County Council, and any requests for a district nurse should be made to the nurses in your area or to the superintendent of the County Nursing Association, Hallgarth House, Durham. Tel. No. Durham 1640, Extension 4.

5. Vaccination and Immunisation

(a) Vaccination against smallpox may be obtained free of charge on application to any medical practitioner who has agreed to give service within the National Health Service Scheme.

(b) Immunisation against diphtheria may be carried out on application to maternity and child welfare centres or to any general practitioner operating under the National Health Service Act, free of charge.

6. Domiciliary Midwifery Service

Names and addresses of the midwives available can be obtained from the child welfare centres, medical practitioners, or the County Medical Officer, Health Department, Shire Hall, Durham. Tel. No. Durham 980, Extension 302.

7. Domestic Help

Domestic helps are provided by the County Council where necessary in cases of sickness, childbirth, infirmity or other household emergencies. A charge for the service is made in accordance with income scales. Application should be made through the district health visitors or the County Medical Officer, Health Department, Shire Hall, Durham. Tel. No. Durham 1616.

8. Health Visitors

This service is maintained by the County Council and the health visitor is the connecting link between the home and the health activities of the County Council. Details of the health visitors serving the area may be obtained from the County Medical Officer, Shire Hall, Durham. Tel. No. Durham 980, Extension 305.

9. Ambulance Service

Ambulance transport may be obtained on application to the nearest control at The Vennell, Old Elvet, Durham. Tel. No. Durham 587. Except in cases of emergency applications should be made by medical practitioners, hospitals, midwives, or dentists. Ambulances can be booked in advance on the production of a certificate from a medical practitioner certifying the need for transport.

10. Prevention of Illness, Care and After-Care

Facilities are available for the assistance of sick persons in any manner which may be necessary, e.g., the provision of extra nourishment, sick room requisites, invalid chairs, etc. Advice may be obtained on application to the County Medical Officer, Health Department, Shire Hall, Durham; Telephone No. Durham 980, Extension 35. A charge may be made for this service under certain circumstances according to income scale.

11. Mental Health Service

Surrounded by taboo, mental illness does not receive the publicity it deserves. In such diverse conditions as domestic discord, industrial absenteeism, lowered output, strikes, juvenile delinquency and unemployment it plays some part.

As a community few realise how sick we are. Out of 1,000 people at random **two-thirds** show signs of mental ill health, **one-sixth**

is need of treatment, **one in fifteen** spends some time in a mental institution. One third of all sickness is due to mental illness: one-third of industrial sickness absence likewise, whilst again one-third of prescriptions are for sedatives.

If we are honest with ourselves we will see that a problem exists which easily transcends many other social evils in scope and urgency.

The limited service the County provides — which is mainly directed towards cases requiring detention in hospital, and for which application may be made either to the County Medical Officer, Shire Hall, Durham (Tel. Durham 980, Extension 237) or the Duly Authorised Officer (Tel. Brandon Colliery 165)—can effect little solution. There are no workers now to visit homes, although such people constitute the crux of a comprehensive efficient service. Durham is not unique however in this respect, but this does not help the three million people handicapped with neurosis in Britain, and the problem needs very careful examination and a prophylactic service developed keyed up with the facilities at the teaching hospitals. It may be difficult to plug the leaks of a sinking ship, but is easier than trying to salvage a wreck from the bottom.

Under paragraph 14 (Outpatient and Hospital treatment), details are given of psychiatric clinics.

12. School Children

General medical advice and supervision is provided for school children at the School Clinic, Hexham Villa, Birtley, which is open each week-day except Saturday. A doctor is in attendance on Mondays and Wednesdays.

Information can also be obtained on application to the School Medical Officer, Mariville, Princes Street, Durham. Tel. No. Durham 732 or Durham 248.

13. Care of Mothers and Young Children

The County Council maintain maternity and child welfare centres at which ante-natal and post-natal clinics are also held as shown in the following table. Advice can also be obtained on application to the County Medical Officer, Shire Hall, Durham. Tel. No. Durham 980, Extension 301.

Address of Centre	Sessions
Hexham Villa, Birtley. Telephone No. 52.	<i>Ante-Natal</i> ... Mondays weekly except last morning in month. <i>Child Welfare</i> ... Friday mornings. <i>Birth Control—</i> Last Monday morning in <i>Post-Natal.</i> each month. <i>Ultra Violet Ray</i> Tuesday and Friday after- noons weekly.
Mains Farm House, West Lane, Chester-le-Street. Telephone No. 3286.	<i>Ante-Natal</i> ... Tuesday weekly and Thurs- day mornings weekly. <i>Child Welfare</i> ... Wednesdays weekly. <i>Birth Control—</i> Thursday afternoon except <i>Post-Natal.</i> first afternoon in month. <i>Ultra Violet Ray</i> Monday and Friday after- noons weekly. <i>Immunisations</i> ... First Thursday afternoons in month.
Miners' Welfare Hall, West Pelton.	<i>Ante-Natal</i> ... Alternate Wednesdays. <i>Child Welfare</i> ... Alternate Wednesdays.
Old Relief Office, Front Street, Sacrison.	<i>Ante-Natal</i> ... Alternate Thursday morn- ings. <i>Child Welfare</i> ... Alternate Thursday morn- ings and Thursday after- noons, 3 weeks out of 4 weeks. <i>Birth Control—</i> Thursday afternoons every <i>Post-Natal.</i> 4 weeks.

Maternity Homes and Hospitals

These are controlled by the Regional Hospital Board but applications for admission should be made to the medical officers at the maternity and child welfare centres shown in previous table.

Accommodation for unmarried mothers is available at Maternity Homes provided by the Regional Hospital Board, and the Durham Diocesan Moral Welfare Association also maintain homes for unmarried mothers and babies. Application for admission should be made to the medical officers at the child welfare centres.

Homeless children can be admitted to residential nurseries or cottage homes administered by the County Council of Durham.

Convalescent Homes

The E. F. Peile County Convalescent Home, Shotley Bridge (Tel. No. Shotley Bridge 27) is controlled by the County Council of Durham and admits nursing mothers with their babies and

children under five years of age. Applications for admission should be made at the Child Welfare Centres.

There are no arrangements at present under the County Council for other sick persons to be admitted to Convalescent Homes.

14. Outpatient and Hospital Treatment

The following clinics, etc., are under the control of the Durham Hospital Management Committee with headquarters at Dryburn Hospital (Tel. 1388 Durham).

Attendance at all clinics, except accident cases, is by **appointment only**. A supply of appointment forms can be obtained from the Appointments Clerk at the hospital. In emergency, doctors should contact the Bed Bureau.

(a) Tuberculosis

Consultations by appointment at Chest Clinic, Ropery Lane, Chester-le-Street (Tel.: 3317).

(b) Venereal Diseases

Confidential treatment is provided free at the following centres, appointment not being required:—

- (i) Newcastle General Hospital: Monday—Friday, 10-12 a.m., 3-7 p.m.; Saturday, 11-12 a.m., 4-6 p.m.
- (ii) County Hospital, Durham (Tel. 7). Monday and Thursday, 10 a.m.-7.30 p.m.; Tuesday and Friday, 1 p.m.-7 p.m.; Saturday, 11 a.m.-1 p.m.; Wednesday, 10 a.m.-5.30 p.m.

(c) General Hospital, Chester-le-Street (Tel.: 2251)

General medical, general surgical, ophthalmic, ear, nose and throat and physiotherapy facilities are available, both as inpatients and outpatients (by appointment).

(d) Psychiatry

A psychiatric outpatient clinic is held at the County Hospital, Durham (Tel. 954) each Monday. Patients are seen **by appointment only**.

(e) Admission of Patients

In all cases, except chronic sick, the doctor should contact the

hospital he considers most suitable for his patient and make the necessary arrangements direct. If difficulty is experienced, he should contact the Bed Bureau (Tel. Durham 724) who will make enquiries and inform him of the result. Alternatively the doctor can approach the Bed Bureau first to arrange admission.

All chronic sick patients must be referred to the Bed Bureau who will arrange for either admission or for the patient's name to be placed on the waiting list.

15. Mass Radiography

Periodic tours are made by a unit visiting factories as well as holding public sessions which are advertised in the press from time to time.

It is no longer necessary to strip to the waist, and only takes a few minutes, no appointment being necessary.

Every adult should have a free X-ray of their chest once a year, not only ensuring they are free from tuberculosis, but other conditions such as chronic bronchitis or heart disease may be revealed. In such cases the results, with the patient's consent, are forwarded to his own doctor. By finding out conditions in the earlier stages the prospects of successful treatment are greatly improved.

Some people are afraid to have an X-ray in that they are worried that the results would confirm their fears. It cannot be too much emphasised that this attitude is foolish, aggravating their worries. No abnormality may be found on X-ray proving their fears as groundless: on the other hand expert advice will be available to remedy any condition found which may not be as serious as anticipated.

16. National Assistance Act, 1948

Temporary accommodation is provided by the County Council for persons homeless through some unexpected event, e.g., flooding. This does not meet the case of persons evicted from their homes, as it is held that they could foresee the consequences of their conduct. Application should be made to the County Medical Officer, Health Department, Shire Hall, Durham (Tel. 980, Extension 133).

Under Section 47 of the above Act, the Rural District Council, on Justice's Order can compulsorily remove aged persons etc., in certain circumstances from their homes, usually to residential accommodation as mentioned under paragraph 3 above.

No action was taken by the Council during the year under Section 47.

To meet urgent cases the law has been modified and, where suitable, application can be made immediately to a J.P. supported by certificates from a registered medical practitioner and confirmed by the Medical Officer of Health. Normally the doctor concerned will be the person's own doctor, who should get in touch with the Health Department if he considers this appropriate.

It must however be clearly understood that action of this type is limited to those **unwilling** to go into homes, etc. As most people are only too anxious to go, this legislation has only a limited value.

The great problem here is providing a sufficiency of the right type of accommodation for the elderly. Some are in comparatively good fettle and can manage their own homes: others may need to be relieved of cooking and some form of hostel or home is necessary: others require continual nursing and a long stay annexe under the aegis of the hospital is desirable, whilst some may require hospital care.

The problem, which is real, requires sympathetic prosecution, always considering the outlook of the elderly. Such things as convalescent or holiday homes for the aged by the sea serve a useful purpose in many ways. Experience in Scotland shows how carefully the problem needs to be approached. A home near Glasgow has been in operation upwards of two years to take elderly patients from hospital for a short period of convalescence before they returned home. "It has proved by no means easy to keep even the few existing places filled to capacity." This is not because of a dearth of cases, but merely that the old folks like to get home quickly.

SECTION C.—SANITARY CIRCUMSTANCES OF THE AREA

1. Water

Water is supplied to the district by three water undertakings, namely the Newcastle and Gateshead Water Company, the National Coal Board (Lambton, Hetton and Joicey Group) and the Durham County Water Board. The distribution system is complex and in addition to direct supplies the Council distributes water.

Short extensions were made to the Old Barley Mow supply during the year.

Fatfield supply has been normally maintained during the year, although lack of pressure at peak draw-off periods has been affecting

isolated areas. This matter has been the subject of discussion with the National Coal Board and the Newcastle and Gateshead Water Company.

There has been considerable improvement in the pressure of the Lumley Supply since the laying of the 6" main, and complaints are few.

Whilst periodic complaints of sand continue to be made, and similarly, intermittent supplies continue in some areas, the quality of the water (from the Public Health point of view) has progressively improved, as indicated by the results below, reflecting great credit on the work of your representative on the Durham County Water Board. Water to the Southern Area, supplied by the Durham County Water Board has not yet been chlorinated. The position will be carefully watched, and the public are invited to communicate with the Health Department, should there be any cause for complaint.

Bacteriological sampling in 1951 gave the following results, compared with the Ministry of Health's recommendations (see page 60).

			<i>Class 1</i>	<i>Class 2</i>	<i>Class 3</i>	<i>Class 4</i>
Ministry of Health's recommendation	...	...	50 + %	80 + %	100%	0
Samples Durham County						
Water Board	...	...	32 (74%)	4 (83%)	5 (95%)	2
Samples other undertakings			21 (62%)	7 (82%)	4 (94%)	2

No water was chemically analysed during the year.

The following table shows the number of houses which have not water laid on; their means of supply, and the distribution in Parishes:—

				<i>Standpipes</i>	<i>Springs</i>	<i>Wells</i>
Birtley	...	...	...	26	—	—
Lamesley	...	...	...	—	3	—
Urpeth	...	...	...	15	1	—
Edmondsley	...	...	...	—	2	—
Sacriston	...	...	...	—	—	—
Harraton	...	...	...	—	—	—

2. Drainage and Sewerage

The Surveyor to the Council has supplied me with the following information:—

Extensions of sewers were carried out to serve new Council and private housing development, piping in of ditches, etc., and other

general maintenance and repairs being kept well in hand. Various jobs of 6" to 24" diameter pipes were completed or are in hand.

There was no change to the position set out for the 1950 report on the question of new schemes for Grange Villa, Floaters Mill, Waldrige and Birtley Outfall. Negotiations with the various authorities were continued. It is likely that reconstruction work under way at Waldrige will restore their function and in view of the proposal to open-cast the line of the new outfall proposed to link up with Chester-le-Street Urban District sewers, this latter scheme is not likely to proceed.

3. Closet Accommodation

Before the late War the Council put into operation schemes for conversion to water-closets, but it has not been possible owing to building restrictions to reintroduce this as yet.

Meantime the Council is prepared to consider applications from owners, including owner-occupiers, for a grant to assist in the cost of converting. A grant of up to £9 per conversion is made at present. Interested persons should make enquiry, in the first instance, at the Health Department.

Under present conditions applicants desirous of grants must obtain the Council's written approval before commencing the work.

The following are the figures for water-closets, etc., at present:—

Water Closets ...	...	...	11,374
Earth Closets ...	...	...	1,467
Privies ...	...	...	240

4. Public Cleansing

This service has continued very satisfactorily during the year. Although it was decided to adopt a Municipal Bin Ownership Scheme, subsequent restriction on galvanising caused its suspension. As soon as conditions resume normal, however, this scheme will be operated.

Fleet replacements and careful maintenance keeps the vehicles to a good standard.

Disposal has presented a few problems but proper control of the tips is being exercised as far as possible, complaints being few. Poor land and quarries, etc., are being reclaimed in most cases.

The Council are proceeding with the provision of bins in lieu of ashpits on their own properties. The conversion to W.Cs., and the provision of ashbins at the remaining properties in the district would be an advantage and it is hoped the scheme will not be long delayed.

5. Sanitary Inspection of the Area

Again nuisances under the Public Health Act have been largely abated by persuasion, it only being necessary to serve 17 formal notices. 128 informal notices were served, 126 being complied with.

6. Petroleum Consolidated Act, 1928

45 licences were issued during the year for the storage of 33,845 gallons of petrol. 11 licences were issued for the storage of 1,005 tons, 10 cwts., 5 stones, 10 lbs. of calcium carbide and two licences were granted for the storage of 105 gallons of naphtha.

7. Places of Public Entertainment (Cinemas, Public Houses, etc.)

Inspection has continued of cinemas, public houses, etc., both as regards sanitary accommodation and ventilation with generally satisfactory results.

8. Rats and Mice (Prevention of Damage by Pests Act, 1949)

The effect of the new legislation was outlined in my 1950 report. Under this the Council is generally responsible for seeing that rodents are kept down to the minimum in its area. For this purpose it can serve notices on private householders, occupiers of business premises, farmers, etc., to rid the land or premises of rats and mice, and in default of them so doing, the Council can do it and recover the cost. Provision is made for commercial servicing.

By voluntary agreement to pay the proper cost, occupiers can utilise the Council's services, and hence it has been unnecessary to serve notices of the type outlined above. No charge is made to occupiers of private dwelling houses, but in other cases a charge is made to reimburse the Council.

The main extension to the work in this direction has been the assimilation of farms which were not the Council's responsibility prior to 1950. As the County Agricultural Committee has continued a rodent service, discussions have taken place designed to obviate duplication of work. Few of the farms however, are under contract with the Committee, with a result that there has been a substantial increase in the properties to be inspected and treated.

All work is carried out with methods approved by the Ministry of Agriculture and Fisheries, and your Rodent Officer examines carefully any new method which might be more effective in appropriate cases.

The following is a tabulated summary of the work carried out:—

			<i>Inspec-</i>	<i>Treat-</i>	<i>Est.</i>
			<i>tions.</i>	<i>ments.</i>	<i>kill</i>
Sewage Disposal Works (8)	...		22	13	450
Refuse Tips (15)	...	...	19	9	920
Allotments	...	...	10	10	300
Private Dwellings	...	...	155	109	1326
Business Premises	...	...	46	24	720
Agricultural Premises	...	...	118	6	432
River Banks	...	...	7	—	—
Treatment for Mice	...	...	—	19	—

The sewer manholes were given two treatments, viz., June, 1952: Baited 110, infested 5, estimated kill 60. December, 1952, January 1953: Baited 220, infested 11, estimated kill 160.

The general condition of the area remains satisfactory.

Leaflets illustrating methods for householders, and detailing the provisions of the Act, together with the Threshing and Dismantling of Ricks Regulations, 1950, are available from the Health Department.

9. Swimming Baths and Pools

During the year regular samples of water for bacteriological examination have been taken from the two swimming baths, and without exception the 14 samples were satisfactory, reflecting on the conscientious and efficient management.

10. Disinfestation, Eradication of Bed Bugs, Flies, etc.

It is a matter for regret that despite the simplicity and efficacy of modern methods a minority of the population regard these pests as their normal environment, and are surprised when migration to their next door neighbour leads to investigation. Usually heavy infestations are accompanied by evidence of accumulated filth, so that conditions are worse than in pig-styes.

It is this section of the population that is hardest to reach, for by voluntarily tolerating such conditions, they are unlikely to benefit from any health educational measures. At the same time many of these are quite capable of preventing such conditions, in that following an official visit improvement is common, to subsequently relapse unless periodical calls are made.

In general all these pests can be eliminated by the use of D.D.T. (5% solution or powder) or Gammexane, which only requires applying to remain effective for some months.

As regards flies, all food should be covered (as well as dustbins!) and the walls of rooms should be sprayed twice a year, early and midsummer. It is generally wasteful to spray flies themselves, in that as soon as they touch a portion of the treated wall they are poisoned (although it may take some minutes) and die. In general these insecticides have no effect on moth grubs, but by spraying clothing one can make it lethal to the adults consequently they die before depositing eggs.

119 cases were dealt with during the year: 15 major infestations of bed bugs and 25 minor. In 7 cases bedding required special treatment, 3 were destroyed. 65 cases of beetles were dealt with, and in 5 cases ants, 2 of lice.

11. Schools

School closure to check the spread of infectious disease was not necessary during the year.

12. Smoke Observation

Most concern is felt in the industrial parish of Birtley, where the combination of prevailing wind and contour ensures the congested residential portions receiving the fullest quota of emissions from factory chimneys. The position has, however, improved during the year, and is kept under continual review. The position would be greatly improved if byelaws could be secured, as mentioned in my 1948 report.

The provision of apparatus in strategic positions to assess the degree of atmospheric pollution would be of advantage.

Domestic fires cannot be exonerated. The Council are installing approved appliances in their property, but unless they are used with the appropriate fuel the advantage is lost. As many of the tenants are entitled to "free" coal the position is difficult.

13. Tents, Vans and Sheds

This problem continues and, if anything, is increasing. Owing to the difficulty in securing houses young couples purchase a caravan and site in various parts of the rural district. Viewed from the difficulty of housing accommodation one must have every sympathy. The problem does not arise immediately, but when the caravans become immobile and later dilapidated,

There are two solutions to this problem. Firstly, one can provide a camping ground with water and conveniences, which is more appropriate to seaside resorts, and is a rather costly business. Alternatively, we must recognise these as temporary housing, but limit the life. Both ways bristle with difficulties which can be recognised with those of experience of pre-war shacks, but it is a matter which cannot be completely ignored.

As will be appreciated, the bye-law on page 66 is inappropriate to these cases.

14. Noise

The bye-law outlined on page 66, has been useful, and drawing attention to this the noise from "shows" has been diminished.

SECTION D.—HOUSING

Following the extensive survey carried out by the Council in 1946, it was estimated that some 3,000 houses were required, 2,731 dwellings being overcrowded and more than one family in 1,487 houses.

Building of Council houses commenced in 1947 after the War and the following is the progress:—

	1947	1948	1949	1950	1951	1952
New Permanent						
Houses	62	216	171	125	127	190
Temporary Houses	101	0	0	0	0	0
Relets	52	108	71	66	42	70
	<hr/> 215	<hr/> 324	<hr/> 242	<hr/> 191	<hr/> 169	<hr/> 260

Rehousing relieved the following conditions:—

	1947	1948	1949	1950	1951	1952
Condemned houses						
emptied	55	51	23	25	42	31
Overcrowding ...	179	218	75	52	41	69
Tuberculosis ...	35	29	8	17	9	20
Other Diseases ...	28	66	41	32	14	63
More than one family in house	102	102	79	45	60	116
Families evicted through no fault of own ...	—	—	5	3	5	4
Relets to Aged Persons ...	—	—	11	17	11	7
Keyworkers ...	—	—	—	—	4	—
District Nurse ...	—	—	—	—	—	1
Fire Damage ...	—	—	—	—	—	1
Miners' Special Housing ...	—	—	—	—	—	15

" Achievement " can hardly be applied to this record: the houses envisaged in the wonderland of planning are of little use to the 3,000 families which still require houses. At the present time, despite past influences of falling birth rate, the rate of provision of Council houses cannot keep pace with the marriage rate, let alone the question of replacement of dilapidations.

There has been no attempt to utilise the provisions of the Housing Act, 1949, to improve accommodation, although possibly a great deal could be done with this without the huge capital investments of completely new building.

As regards letting of Council houses, it is impossible to devise a perfect system, as all systems have some defect. Point schemes generally have the advantage of removing suspicion, but they may not discriminate between cases. For instance, the Council's points scheme in itself allots a certain number of points to pulmonary tuberculosis: the same number is given whether the disease is serious or mild. On the other hand, if we seek to introduce discrimination the suggestion of influence may arise, and human beings are not infallible.

It is therefore not surprising the amount of public discontent, especially when it is realised that owing to the small number of houses there is little hope for any except severe cases.

Elsewhere in the report (Mental Health Services) the incidence of mental ill-health in the community has been pointed out: this factor has been recognised by the allocation of houses to persons married for a long time. Whether the proportion allotted to the various categories is correct is impossible to say, and the whole question devolves on the speedy provision of a vastly increased number of houses. It is to be hoped, therefore that the extended building programme arranged for 1953 will produce results.

31% of the new houses were allocated to miners.

One of the difficulties in the present points scheme is the question of residential qualification. Generally speaking no consideration whatever is given to persons who were not resident (or not married) in 1946. Whilst this policy can be defended on the grounds of the prevention of queue jumping by an individual moving into poor accommodation, it takes no regard of subsequent marriages, nor does it consider those cases with (say) tuberculosis who are dangerous to others but do not possess this qualification.

One of the ways in which the housing position may be improved is by exchanges, 86 exchanges being granted involving 178 families,

relieving overcrowding, rent reasons and to place people nearer work. This is voluntary at the present time, hence certain council houses are only occupied by a widow or couple, but it is difficult to influence a change after a long period of residence.

Full details of the Points Scheme are given in a leaflet obtainable from the Housing Manager, 6, Red Rose Terrace, Chester-le-Street.

SECTION E.—INSPECTION AND SUPERVISION OF FOOD

(a) Milk

There is little change in the position here as outlined in my 1950 report: reports received from the Ministry of Agriculture and Fisheries (one or two per year) seem to indicate that their inspection is hopeless.

A high proportion of milk is pasteurised already, and the position should be examined closely so that the steps outlined in my 1950 report can be taken.

Deaths from bovine tuberculosis are not necessary, and the eradication of this disease from dairy herds is not only feasible but has been done elsewhere. It should also be remembered that improvements of this sort also improve the yield: on economic grounds alone it is worth it.

(b) Ice Cream

Continued attention has been paid to this commodity, most of which is produced outside your area. There is only one producer as hitherto in your district. 22 samples out of 23 were bacteriologically satisfactory, showing some improvement.

As regards quality, a standard has been prescribed by the Ministry of Food, but the duty of enforcing this rests with the County Council. We have no knowledge as to whether any samples were taken for fat analysis during 1952.

(c) Meat and Other Foods

This subject is dealt with in further detail under the section on Food Poisoning.

Much apathy exists amongst both the public and employees to proper standards of food hygiene, and progress can only be slow. The major criticism of your department's activities in endeavouring to propagate educational measures from traders is that a poor example is set by Government bodies, in particular the

Regional slaughterhouse, and it is very difficult to resist the contention that before preaching to others one should set one's own house in order.

Superficial examination of the Regional slaughterhouse by even a lay person would confirm the contention, repeatedly expressed, that a modern abattoir is a necessity.

Arrangements for meat inspection are as in previous years.

(d) Adulteration of Food

Durham County Council is the body responsible for administration of the Food and Drugs Act (Adulteration Act) 1928, etc.

SECTION F.—PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

1,163 notifications were received, against 694 the previous year, of which 19 were not confirmed. The increase in measles was the prominent feature, there being a increase of 518.

These figures should be regarded as a minimum, bearing in mind the possibilities of under-notification enumerated on page 21 of the 1948 report.

Scarlet Fever

The increase in scarlet fever continues, and 140 notifications were received as against 133 in 1951.

Out of these 140 cases, 131 were treated in hospital, and it should be emphasised that modern experience advocates home treatment (except in adverse surroundings) in the majority of cases, avoiding cross-infection and preventing complications. Consequently it is in the patient's best interests to stay at home with this disease.

Diphtheria

The happy experience of last year when the district was free from diphtheria has not been repeated. One case was notified, fortun-

ately not fatal, but this should be regarded as a warning of what may happen should diphtheria immunisation be neglected.

Poliomyelitis

Eight cases were notified, but there were no deaths. The difficulty in controlling this condition is that during an epidemic there is a high proportion of apparently normal carriers.

Much research needs to be done to further elucidate this disease, which differs from others in striking at those living in good conditions where overcrowding is absent.

Smallpox.

Little can be added to the warning of the perils of neglected vaccination in my previous reports: it is too late to think about it when the next door neighbour gets smallpox.

Enteric Fever, Typhoid and Paratyphoid

Two cases were notified during the year. There is a long history of sporadic cases over many years in the rural district and carriers are mainly unknown until our attention is focused by an outbreak. Usually one of the factors involved is the persistence of ash-closets and privies, it being possible for the germ to be transferred by flies on to food, etc., from this source. Consequently there is a *prima facie* case for the completion of sewage disposal schemes and conversions.

With the new antibiotics available the acute illness is easily remediable, but the results which carriers (which may pass the germ in their stools for up to 40 years) are extremely disappointing and where a carrier is found about the only measures practicable are to see that they do not engage in handling food, disinfecting stools and seeing that they wash their hands after using the W.C.

Meningococcal Infection

This title supersedes Cerebro-spinal fever, in accordance with the new International Classification. One case was notified, compared with one the previous year, and no deaths.

Measles

Measles showed an increase during the year, 742 cases being notified as against 224 the previous year. There were no deaths.

In the school child measles does not usually present a problem in that it has merits in conferring immunity for the rest of life.

The problem, however, is in the infant, where it may cause death. Here the solution is mainly the use of serum, or better still the more refined gamma globulin, which given early can either completely stop the attack, or alternatively given later modify the severity. The first course may be desirable in the very young or debilitated child but by completely stopping the attack immunity does not result against future attacks: where the dosage is smaller or given later immunity results.

Whooping Cough

Whooping cough shows a slight increase, there being 126 notifications against 120 the previous year.

To any child the paroxysms of whooping cough are very distressing, and this condition is particularly serious and dangerous for infants under one year.

By the time the whoop develops, infection may be widespread, so that the best thing to do is to put any child off colour to bed immediately, isolating from the other children, particularly babies, and call the doctor in early.

There is hope that this condition can be dealt with in the same way as diphtheria, by active immunisation. For several years vaccines have been used in this country and overseas with very variable results. As a consequence the Medical Research Council have carried out very extensive trials in this country, with the result that good protection can be afforded by an American vaccine. Following this, vaccines have been prepared on the American method, but preliminary results of the British products have been rather disappointing.

From the point of view of public health authorities the problem is a difficult one at present. Thus if a campaign was to be carried out on the same lines as the Diphtheria Immunisation efforts, immunisation might be discredited if the actual vaccine employed was ineffective. There are practical difficulties, in that usually three injections are necessary over a period of three months. As will be appreciated the tendency of parents to default is increased when three injections are necessary instead of two. Similarly one injection of diphtheria immunising agent may afford some protection to diphtheria in those that default from a second injection, but this cannot be said of whooping cough.

From a parent's point of view, I think a child is entitled to every possible chance of avoiding this condition. There is no risk in the

actual immunisation, so that if a child is immunised, it is at least no worse off than before, but the child **might** have acquired immunity.

Consequently I feel that the time is opportune when the Durham County Council under the National Health Service Act should produce a modified scheme similar in type to Diphtheria Immunisation enabling parents who have the interests of their children at heart to obtain some protection.

Pneumonia

Pneumonia showed a decrease this year, 70 notifications being received against 114.

There were 15 deaths, 8 of these in the over 65 group and 2 in the under-1 group.

This, of course, is the normal experience in that the very young and elderly are prone to this disease. In the young it is primarily a question of health education in the home, so that measures are taken to prevent respiratory infection of infants by the adults either isolating themselves when suffering from colds, etc., or wearing masks.

Whilst pneumonia, owing to efficient modern therapy, has been largely robbed of its high mortality, nothing has yet been done on the preventive side.

Tuberculosis

In spite of the fact that cancer is responsible for many more deaths than tuberculosis, the latter causes more disruption of the economic life of the community, more man-years of illness and incapacity and more loss of working capacity than any other single disease. Stocks has shown in 1945 that the number of expected working-years lost because of deaths from tuberculosis was 565,300 compared with 354,600 for cancer.

In the rural district ten deaths from pulmonary tuberculosis were recorded, against 9 in the previous year. Of these all were in the 15-64 age groups: lost in the prime of life. No deaths from non-pulmonary tuberculosis were recorded, against five the previous year.

New notifications of pulmonary tuberculosis numbered 37 and 11 cases of non-pulmonary were also notified.

Cancer

89 deaths were recorded this year, against 64 the previous year. All except eight were over 45 years old, and the biggest cause was said to be cancer of the stomach. Deaths are classified by site and age in Table 19.

Because of increasing longevity, the possibility of getting cancer has increased, and in recent years the advisability of education in cancer attracted public attention.

The blunt fact is that many of the cancers when first seen at hospital are incurable, and the question is whether, if the public knew the signs and symptoms they would seek advice earlier while it is curable. For instance in cancer of the breast the signs are obvious, and every woman noticing a lump in the breast should seek immediate medical advice: not six months after (average for 30 hospitals) or 19% more than one year.

Blaring posters in the U.S.A. "Get cancer before it gets you" and associated high pressure education reduced this delay from 6.2 months for all types of cancer in 1935, to 4.6 in 1940 and 3.9 months in 1948.

The opponents of this suggest it will fill the surgeries and the hospitals with people who imagine they have cancer: this is a danger with other diseases (e.g., V.D.). Again it is not possible to advance concrete arguments in that it cannot be positively guaranteed that a patient with breast cancer will be cured if seen in three months in her case. Often nurses are the worst offenders letting breast cancer become incurable before they seek advice.

The problem is by no means easy, but we must hope for success.

Dysentery

One case was notified during the year, but there are probably many more cases too mild to merit medical attention, masquerading under such terms as diarrhoea. In many respects the condition is similar to Food Poisoning, which is dealt with below.

Food Poisoning

Two cases were notified during the year. Whilst there is no evidence to suggest that outbreaks are missed, many mild cases probably occur which do not receive medical attention and escape our notice.

TABLE 1.

The following table gives the vital statistics of the district for 1952 and previous years:

Year	Estimated Resident Population Mid-Year	Births		Deaths		Infant Mortality Rate †	Maternal Mortality Rate ‡
		No.	Crude Rate*	No.	Crude Rate*		
1942	38,610	661	16.4	500	12.9	89	1.51
1943	38,110	695	17.3	484	12.7	70	4.32
1944	38,780	808	20.0	449	11.6	75	3.72
1945	39,190	778	19.0	480	12.2	64	2.57
1946	40,720	907	21.4	452	11.1	47	0.00
1947	40,970	845	20.6	482	11.7	56	1.14
1948	40,850	851	20.8	438	10.7	50	3.45
1949	41,270	714	17.3	490	11.9	46	0.00
1950	41,180	729	17.7	488	11.9	47	1.32
1951	40,670	700	17.2	496	12.2	46	1.39
1952	40,710	672	16.5	438	10.8	33	0.00

* Per 1,000 population. (total.)

† Per 1,000 live births. (registered.)

‡ Per 1,000 (live and still) births. (registered.)

TABLE 2.

	1896	1921	1952
Population	58,000	71,580	40,710
Births	2,157	2,298	672
Crude Birth Rate	38.09	31.82	16.5
Deaths	1,083	851	438
Crude Death Rate	19.00	13.03	10.8
Infant Deaths	394	270	22
Infant Mortality Rate	182	117	33
Deaths from the seven principal Zymotic Diseases	212	126	—
Scarlet Fever Cases	553	378	140
Typhoid Fever Cases	108	6	2
Diphtheria Cases	57	130	1

TABLE 3

Deaths

The following table shows the classification of deaths from all causes (Registrar General's figures):

<i>Causes of Death</i>						<i>Male</i>	<i>Female</i>
ALL CAUSES	...	...	...	...	...	237	201
1. Tuberculosis, respiratory	...	...	...	...	...	5	5
2. Tuberculosis, other	...	...	...	...	...	—	—
3. Syphilitic diseases	...	...	...	...	...	—	1
4. Diphtheria	...	...	...	...	...	—	—
5. Whooping Cough	...	...	...	...	...	—	—
6. Meningococcal Infections	...	...	...	...	...	—	—
7. Acute Poliomyelitis	...	...	...	...	...	—	—
8. Measles	...	...	...	...	...	—	—
9. Other Infective and parasitic diseases	...	...	...	...	...	—	—
10. Malignant neoplasm, stomach	...	...	...	...	...	14	4
11. Malignant neoplasm, lung, bronchus	...	...	...	...	...	10	5
12. Malignant neoplasm, breast	...	...	...	...	...	—	4
13. Malignant neoplasm, uterus	...	...	...	...	...	—	12
14. Other Malignant and lymphatic neoplasms	...	...	...	...	...	17	23
15. Leukaemia, aleukaemia	...	...	...	...	...	—	1
16. Diabetes	...	...	...	...	...	1	3
17. Vascular lesions of nervous system	...	...	...	...	...	31	37
18. Coronary disease, angina	...	...	...	...	...	49	24
19. Hypertension with heart disease	...	...	...	...	...	7	5
20. Other heart diseases	...	...	...	...	...	27	25
21. Other circulatory diseases	...	...	...	...	...	6	6
22. Influenza	...	...	...	...	...	1	1
23. Pneumonia	...	...	...	...	...	8	7
24. Bronchitis	...	...	...	...	...	8	4
25. Other diseases of respiratory system	...	...	...	...	...	2	—
26. Ulcer of stomach and duodenum	...	...	...	...	...	3	—
27. Gastritis, enteritis and diarrhoea	...	...	...	...	...	1	—
28. Nephritis and nephrosis	...	...	...	...	...	5	3
29. Hyperplasia of prostate	...	...	...	...	...	5	—
30. Pregnancy, childbirth, abortion	...	...	...	...	...	—	—
31. Congenital malformations	...	...	...	...	...	5	4
32. Other defined and ill-defined diseases	...	...	...	...	...	18	23
33. Motor vehicle accidents	...	...	...	...	...	4	—
34. All other accidents	...	...	...	...	...	8	3
35. Suicide	...	...	...	...	...	2	1
36. Homicide and operations of war	...	...	...	...	...	—	—

TABLE 4

This table gives the number of deaths, etc., which would have been expected in the Rural District had the same rates prevailed as in the whole of England and Wales in 1952. An underlying assumption of this table is that the age/sex constitutions are comparable.

DEATHS

	<i>Expected</i>	<i>Occured</i>
All causes	460	438
Whooping Cough	—	—
Acute Poliomyelitis and Polioencephalitis	1	—
Tuberculosis (all forms)	10	10
Pneumonia	19	15
Influenza	2	2
Infants under 1 year, all causes	19	22
Still Births	14	16
Maternal deaths	—	—
Live Births	622	672
Notifications—		
Paratyphoid	1	2
Meningococcal Infection	1	1
Scarlet Fever	62	140
Whooping Cough	106	126
Diphtheria	1	1
Acute Poliomyelitis (Paralytic)	2	4
Acute Poliomyelitis (Non-Paralytic)	1	4
Food Poisoning	5	2

TABLE 5

The following were the chief causes of death during the year:—

1. Diseases of Heart	217	49.8
Cerebral Haemorrhage and other		
Circulatory diseases		
2. Cancer	89	20.3
3. Respiratory diseases	29	6.6
4. Violence—		
6 road traffic deaths		
10 other violent causes	18	4.1
2 suicide		
5. Tuberculosis (all forms)	10	0.2

TABLE 6

				1951		1952	
				<i>No. of deaths</i>	<i>%</i>	<i>No. of deaths</i>	<i>%</i>
AGE AT DEATH							
Under 1 year	...	...	...	32	6.5	22	5.0
1-4 years	...	...	...	1	0.2	4	0.9
5-14 years	...	...	...	3	0.6	1	0.2
15-24 years	...	...	...	8	1.6	4	0.9
25-44 years	...	...	...	22	4.4	27	6.1
45-64 years	...	...	...	145	29.2	126	29.0
65-74 years	...	...	...	129	26.0	122	27.8
75 years and upwards	...	...	...	156	31.5	132	30.1

TABLE 6A

SURVIVAL IN THE RURAL DISTRICT

				1951		1952	
				<i>No.</i>	<i>% Total deaths</i>	<i>No.</i>	<i>% Total deaths</i>
AGE AT DEATH							
1 year	...	...	...	32	6.5	22	5.02
4 years	...	...	...	33	6.7	26	5.94
14 years	...	...	...	36	7.3	27	6.16
24 years	...	...	...	44	8.9	31	7.08
44 years	...	...	...	66	13.3	58	13.24
64 years	...	...	...	211	42.5	184	42.01
74 years	...	...	...	340	68.5	306	69.86
ALL AGES	...	...	...	496	100	438	100

See Note on page 81 of 1949 Report.

TABLE 7

Extracts of Vital Statistics

Live Births:	Total	M.	F.
Legitimate	655	341	314
Illegitimate	17	8	9
Crude Birth rate per 1,000 of the estimated resident population ... ..	...	...	16.5
Standardised Birth Rate per 1,000 popula- tion ... ..	...	...	17.0
Still Births: (8 Female, 8 Male)			
Rate per 1,000 total (live and still) births	...	...	23.2
Deaths	438	237	201
Crude Death rate per 1,000 of the estimated total resident population ... ..	...	...	10.8
Deaths from puerperal causes ... ..	...	...	—
Death rate of infants under one year of age:—			
All Infants per 1,000 live births (Registered)	...	...	33
Legitimate infants per 1,000 legitimate live births (Registered) ... ..	...	...	31
Illegitimate infants per 1,000 illegitimate live births ... ..	...	...	117
Deaths from Cancer (at all ages) ... ..	...	...	89
Deaths from Measles (at all ages) ... ..	...	...	—
Deaths from Enteritis and Diarrhoea (under 2 years) ... ..	...	...	1

N.B.—Standardised Birth Rate can be compared similarly to Standardised Death Rate with other areas.

TABLE 8
BIRTH-RATE, DEATH-RATE AND ANALYSIS OF MORTALITY DURING THE YEAR 1952

Based on Registrar-General's Provisional Figures	Rate per 1,000 Home Population		Annual Death-rate per 1,000 Home Population							Rate per 1,000 Live Births (Registered)		
	Live Births	Still Births	All Causes	Typhoid and Para-Typhoid Fevers	Acute Poliomyelitis and Polioencephalitis	Pneumonia	Tuberculosis	Whooping Cough	Diphtheria	Influenza	Diarrhoea and Enteritis (under two years).	Total deaths under one year
England and Wales	15.3	0.35	11.3	0.00	0.01	0.47	0.24	0.00	0.00	0.04	1.1	27.6(1)
126 County Boroughs and Great Towns, including London	16.9	0.43	12.1	0.00	0.01	0.52	0.28	0.00	0.00	0.04	1.3	31.2
148 Smaller Towns estimated Resident Populations 25,000 to 50,000 at Census 1951...	15.5	0.36	11.2	00.0	0.00	0.43	0.22	0.00	0.00	0.04	0.5	25.8
London	17.6	0.34	12.6	0.00	0.01	0.58	0.31	0.00	0.00	0.05	0.7	23.8
Chester-le-Street R.D.	16.5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0	33

The total maternal mortality rate for England and Wales are as follows : 0.62 per 1,000 Live & Still Births (related).
(a) Per 1,000 related live births, remainder per 1,000 registered.

TABLE 9
INFANT DEATH ANALYSIS.

CAUSE OF DEATH	Under 1 Week	1—2 Weeks	2—3 Weeks	3—4 Weeks	Total under 4 Weeks	1—3 months	3—6 months	6—9 months	9—12 months	Total Deaths under 1 year
Asphxyia Neonatorum	2	...	...	...	2	...	...	...	...	2
Pneumonia	...	...	...	...	...	1	1	...	...	2
Premature Birth	6	...	...	...	6	...	...	...	...	6
Haemorrhage	...	1	...	...	1	...	...	...	...	1
Congenital Malformation	4	...	...	...	4	...	...	...	1	5
Gastro-Enteritis	1	...	...	...	1	...	...	...	...	1
Accidental Deaths	1	...	...	...	1	...	...	...	...	1
Spina Bifida	1	1	1	...	3	...	...	...	...	3
Meningococcal Infection	1	...	...	...	1	...	...	...	...	1
TOTAL	16	2	1	...	19	1	1	...	1	22

TABLE 10.

STATISTICS OF THE 15 PARISHES FORMING THE CHESTER-LE-STREET RURAL DISTRICT.

			Acreage (acres)	No. of Inhabited Houses	Deaths
Biddick South	...	...	348	11	...
Birtley	...	...	1429	3225	111
Bournmoor	...	...	513	478	13
Edmondsley	...	...	2099	433	11
Harraton	...	...	2669	873	30
Lambton	...	...	697	28	1
Lamesley	...	...	6679	1039	46
Lumley Great	...	...	1642	471	14
Lumley Little	...	...	875	391	16
Ouston	...	...	641	301	14
Pelton	...	...	926	1638	68
Plawsworth	...	...	1249	458	13
Urpeth	...	...	1825	598	20
Waldridge	...	...	725	185	10
Sacriston	...	...	943	1433	71
			23261	11562	438

See Notes on Page 85. (1949 Report)

N. B.—Data omitted from above table included previously will be published when detailed figures of 1951 Census available.

SANITARY INSPECTION OF THE AREA.

TABLE 11.

Summary of Notices Served

Description	Number of Informal Notices Served	Number of Formal Notices Served	Number of Notices Complied With	Remarks
Structural Defects ...	128	17	126	
Overcrowding ...	...	...	...
Dairies and Milk Shops	2	...	2	
Bakehouses ...	...	...	...
Ashpits and Privies ...	18	...	18	
Deposits of Refuse ...	5	...	5	
Water Closets ...	15	...	15	
Defective Yard Paving	1	...	1	
Defective Traps ...	...	...	...
Defective Drains ...	9	...	9	
Defective Water Supply	7	...	7	
Pigsties ...	5	...	5	
Defective Ashbins ...	...	...	...
Other Nuisances ...	...	...	...
Smoke Nuisances ...	...	...	...
Totals ...	190	17	188	

TABLE 12

Summary of Works carried out

Dampness ...	41
Dustbins ...	36
Ceilings ...	18
Chimney Stacks ...	7
Defective Roofs ...	28
Defective Wallplaster ...	27
Doors ...	15
Defective Water Closets ...	15
Gulleys and Spouts ...	25
Defective Kitchen Range ...	19

Drains—obstruction	...	...	...	...	2
Defective Ashclosets	...	...	...	...	18
Pantry	...	...	...	...	4
Brick Floors	...	...	...	...	2
Food Storage	...	...	...	...	1
Drains repaired	...	...	...	...	7
Pantry Roof	...	...	...	...	2
Windows	...	...	...	...	12
Fireplace defective	...	...	...	...	11
Gulleys defective	...	...	...	...	1
Concrete Floor	...	...	...	...	3
Wood floor	...	...	...	...	6
Smoke nuisance	...	...	...	...	8
Gable walls	...	...	...	...	4
Kitchen sink	...	...	...	...	2
Outhouses defective	...	...	...	...	3
Garden Walls	...	...	...	...	1
Sink waste pipes	...	...	...	...	4
Pointing	...	...	...	...	4
Defective yard	...	...	...	...	1
Water Supplies	...	...	...	...	7

TABLE 13

MEAT INSPECTION**Carcases Inspected and Condemned**

	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed (if known)	... 1630	233	78	6622	863
Number inspected	... 1630	233	78	6622	863
<i>All Diseases except Tuberculosis</i>					
Whole carcasses condemned	... 2	—	5	16	3
Carcasses of which some part or organ was condemned	... 420	128	—	132	76
Percentage of the number in- spected affected with disease other than tuberculosis	... 25.9	51.0	6.4	2.2	9.1
<i>Tuberculosis only</i>					
Whole carcasses condemned	... 3	5	—	—	2
Carcasses of which some part or organ was condemned	... 283	66	—	—	45
Percentage of the number in- spected affected with tuber- culosis	... 17.5	30.4	—	—	5.4

TABLE 14

The following meat and other foods were condemned and dealt with in accordance with the instructions of the Ministry of Food:—

	<i>sts.</i>	<i>lbs.</i>		<i>sts.</i>	<i>lbs.</i>
Livers ...	537	10	Pork ...	54	13
Lungs ...	175	11	Hearts ...	2	13
Bovine Heads & Tongues ...	155	6	Tripe ...	4	3½
Bov. Viscera ...	119	2	Kidneys ...	2	6
Beef ...	581	0	Veal ...		10
Mutton ...	772	6	Pork Sausage ...	2	2
Pigs Udder ...		3	Dripping ...		9
Cows Udders ...	25	7	Rabbits ...	1	2
Sheep Plucks ...	15	12	Bov. Intestines ...	4	4
Pigs Plucks ...	14	8	Skirt ...	1	6
Pigs Heads ...	42	7	Spleen ...	1	6
Sheep Heads ...	1	0	Gut & Manifold... 76		12
Pork Fat ...	1	3	Pig Gut & Chit-terlings ...	2	9
Bovine Fat ...	22	6	Melt ...		3
Pork Viscera ...	2	8			
				1,923	5

Total weight condemned: 12 tons, 3 st., 5 lbs.

Other Foods

	<i>lbs.</i>	<i>ozs.</i>		<i>lbs.</i>	<i>ozs.</i>
Tinned Fish ...	18	0	Bacon ...	38	8
Tinned Peas ...	40	8	Cheese ...	31	4
Tinned Fruit ...	275	4	Pork Pies ...	12	8
Tinned Tomatoes ...	465	0	Butter ...	43	8
Tinned Milk ...	112	8	Cake ...	38	0
Tinned Meat ...	681	12	Sausage ...	20	0
Tinned Beans ...	10	12	Cooked Ham ...	112	0
Tinned Vegetables ...	80	12	Fishcakes ...	12	4
Tinned Soup ...	1	0	Beans ...	104	8
Tinned Syrup ...	6	0	Pork ...	17	0
Tinned Carrots ...	1	4	Confectionery ...	14	0
Tinned Chicken ...	1	0	Semolina ...	33	12
Eggs ...	62	12			
				2,233	12

Total weight condemned: 19 cwt., 7 st., 7 lbs., 12 ozs.

TABLE 15.
Infectious Disease Notifications since 1943.

DISEASE	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Food Poisoning	...	...	...	...	...	...	...	1	...	2
Smallpox	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	144	93	70	49	59	189	176	83	133	140
Diphtheria	113	115	60	36	12	6	10	...	2	1
Enteric Fever	...	...	...	...	...	...	5	1	3	2
Meningococcal Infection	6	7	5	10	9	4	2	6	1	1
Poliomyelitis	...	...	...	...	13	...	...	6	1	8
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...
Pneumonia	90	126	83	94	70	120	125	138	114	70
Puerperal Pyrexia	7	3	5	2	7	4	4	2	3	2
Erysipelas	37	24	25	11	8	20	8	4	1	1
Ophthalmia Neonatorum	5	7	2	1	2	3	...	...	1	...
Dysentery	...	4	...	1	2	...	1	5	1	...
Tuberculosis—Pulmonary	26	36	33	58	55	57	38	46	56	37
Non-pulmonary	17	14	10	22	20	15	17	11	13	11
Measles	335	253	648	223	406	520	372	565	224	742
Whooping Cough	96	88	95	131	37	117	140	175	120	126
†Diagnosis not confirmed	...	68	42	30	35	35	68	22	21	19

† Due to Quarterly Infectious Return

TABLE 16.

INFECTIOUS DISEASES 1952.

NOTIFIABLE DISEASES	AT AGES—YEARS								TOWNSHIPS												Total No. Notified	Removed to Hospital																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
	Under 1	1 to 5	6 to 15	16 to 25	26 to 45	46 to 65	66 up	At all ages	January	February	March	April	May	June	July	August	September	October	November	December			Biddick South	Birtley	Bournmoor	Edmondsley	Harraton	Lambton	Lamesley	Lumley Great	Lumley Little	Ouston	Pelton	Plawsworth	Urpeth	Waldridge	Sacton																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Diphtheria	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Zoecephalitis Lethargica																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Enteric Fever	..	1	..	..	..	1	..	2	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
Erysipelas	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
Ophthalmia																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Pneumonia	..	19	18	2	4	6	14	7	70	19	7	4	4	3	5	2	2	8	6	8	..	..	..	..	..	..	..	12	6	..	3	4	2	1	..	8	70	39																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
Puerperal Fever																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Puerperal Pyrexia	1	1	..	..	2	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
Scarlet Fever	..	83	52	3	2	..	..	140	15	10	7	12	10	10	13	8	9	17	18	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
Small Pox																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Tuberculosis—Pulmonary	..	1	2	14	17	3	..	37	2	2	2	2	..	7	4	3	2	3	2	5	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
“ Non-Pulmonary	..	4	4	2	1	..	..	11	..	2	2	..	..	1	2	1	3	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
Dysentery	1	1	1	1	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
Meningococcal Infection	..	1	1	1	1	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
Food Poisoning	1	1	2	2	2	2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
Polio myelitis (Paralytic)	..	3	1	4	1	1	1	1	1	4	4																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
“ (Non-Paralytic)	..	3	1	4	2	1	..	1	4	4																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
Diagnosis not Confirmed	2	7	1	4	3	..	2	19	1	1	1	1	1	..	3	4	1	2	1	3	1

TABLE 17

The attack rates of the notifiable diseases per 1,000 of the civilian population for the Rural District, compared with the rates for England and Wales are shown in the following table:—

<i>Disease</i>					<i>Chester-le-Street Rural District</i>	<i>England and Wales</i>
Scarlet Fever	...	...	...	...	3.44	1.53
Diphtheria	...	...	...	...	0.02	0.01
Typhoid	...	...	...	...	—	0.00
Paratyphoid	...	...	...	...	0.05	0.02
Erysipelas	...	...	...	...	0.02	0.14
Pneumonia	...	...	...	...	1.72	0.72
Meningococcal Infection	...	...	...	...	0.02	0.03
Whooping Cough	...	...	...	...	3.10	2.61
Measles	...	...	...	...	18.23	8.86

TABLE 18.
CANCER DEATHS (AGE GROUPS AND SITES.)

AGE GROUP	Buccal Cavity (A44)		Stomach (A46)		Intestines except Rectum (A47)		Rectum (A48)		Trachea Lungs ETL (A50)		Breast (A51)	Uterus (A52 & 53)	Prostate (A54)	All others		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	F.	F.	M.	F.	M.	F.	
0-4	
5-14	
15-24	
25-44	1	...	...	...	...	1	2	...	2	...	...	...	...
45-64	1	...	3	...	...	7	2	2	5	...	1	...	...
65-74	4	...	2	2	1	...	3	...	9	2	...	
75 and upwards	3	2	2	1	...	...	...	...	2	2	...	2	7	...	
TOTAL...	1	...	14	4	4	8	3	2	10	5	4	12	...	9	41	48	

N.B. Group Nos. refer to Intermediate List of 150 causes (International Classification)

TABLE 19.

New cases and mortality from Tuberculosis during 1952:—

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	M	F	M	F	M	F	M	F
1-4 ...	...	1	1	2	...	...	...	...
5-14 ...	...	1	...	5	...	...	...	...
15-24 ...	1	11	...	1	...	2	...	...
25-44 ...	11	8	...	2	2	1	...	...
45-64 ...	4	...	...	...	3	2	...	...
65-74 ...	...	...	...	...	...	...	...	...
75 & over ...	...	...	...	...	...	...	...	...
Totals ...	16	21	1	10	5	5	...	...

TABLE 20.

Notifications and deaths occurring in the Rural District during the past five years:

Year	<i>Pulmonary Tuberculosis.</i>		<i>Non-Pulmonary</i>	
	<i>Notifications</i>	<i>Deaths</i>	<i>Notifications</i>	<i>Deaths</i>
1948	57	15	6
1949	38	17	2
1950	46	11	1
1951	56	13	5
1952	37	11	—

The number of cases on the Tuberculosis Register were as follows:

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
December 31st, 1949 ...	171	144	78	101	500
December 31st, 1950 ...	196	159	85	104	544
December 31st, 1951 ...	220	177	87	110	594*
*December 31st, 1952 ...	168	134	31	47	380

* 9.3 per 1,000 civilian population.

*The large decrease in notifications is due to a periodic check up which has been introduced.

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